

**DIVISION OF LICENSING PROGRAMS
DEPARTMENT OF SOCIAL SERVICES
CHILD PLACING AGENCY FOSTER HOME APPLICATION**

Name of Agency, Address: _____

Husband's Full Name: _____ Birthdate: _____

Wife's Full Name: _____ Birthdate: _____

Mailing Address: _____

Location Address: _____

Phone: (home) _____; Husband (Business) _____; Wife (Business) _____

Directions to Home: _____

Date of Marriage: _____

Members of Household:

Children (Name, Birthdate)

Adults (Name, Birthdate, Relationship)

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |

Husbands' Occupation: _____ Hours: _____

Title/Position: _____ Monthly Income: _____

Employer: _____ Address: _____

Wife's Occupation: _____ Hours: _____

Title/Position: _____ Monthly Income: _____

Employer: _____ Address: _____

What are your reasons for wanting to become foster parents?

What experience have you had with children?

Please describe the type of child or children you and members of your household, when applicable, would prefer to have in foster care. Include in your description such factors as age, sex, race, intellectual ability, and acceptable behavior. Indicate reasons for your preferences.

Please describe your hobbies, special interests and community activities.

What available bed space do you have?

Please provide the names of three persons who are not related to you whom the agency may contact for a personal reference.

	<u>Name</u>	<u>Address</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Date: _____ Signature : _____

Date: _____ Signature : _____

PLEASE RETURN APPLICATION TO:
(Name of Agency/Address)
